



## **DIVISION OF HEALTH AND MEDICAL SERVICES**

Community Health Services  
Disease Prevention  
Family Health  
Health Promotion  
State Epidemiologist

**MEMORANDUM 2008-08**

TO: All Vaccine Providers

FROM: Tim Heath  
Immunization Program Coordinator

DATE: 09/04/2008

RE: Influenza Vaccine, Incentives

Dear Vaccine Provider:

As you know the state will be providing Influenza Vaccine, free of charge, to all children 6 months through 18 years of age for the 2008-09 Influenza season. I am enclosing an Influenza Vaccine order form for you to use to order your vaccine. You can also find this form and past memos online at <http://doh.sd.gov/Immunize/Updates.aspx>. If you have previously ordered your vaccine, please re-order using this order form. Any previous Influenza Vaccine orders will be cancelled.

If at all possible please order all the vaccine you think you will need for the entire season. It is anticipated that Influenza Vaccine will arrive to McKesson in several waves with the first wave arriving sometime in September and the last wave arriving some time in November. As a result you will also receive your vaccine in waves, as soon as we have a sufficient supply of vaccine we will begin shipping.

This year we will be supplying 5 different presentations of Influenza Vaccine. Please keep in mind that we will have a finite amount of each presentation when ordering. We may have to adjust orders to accommodate the entire states needs.

I want to encourage to you enter influenza vaccination records in to the South Dakota Immunization Information System (SDIIS). We use data from SDIIS to demonstrate the number of people receiving vaccine and the number of doses that have been administered.

I also want to inform you of two new incentives you can order to give to your patients. First is a sippy cup and second is a magic spring which is a slinky like toy. Please use the enclosed order form to order these incentives.

If you have any questions please feel free to contact me at 605-773-5323 or by email at [Tim.Heath@State.SD.US](mailto:Tim.Heath@State.SD.US).

**Shipping Carton MUST BE RETURNED within 48 Hours after Receipt of Shipment**

Contact Person: \_\_\_\_\_

**(Doses requested may be adjusted by DOH Immunization Program)**

Signature of Receiving Agent: \_\_\_\_\_ Date Received: \_\_\_\_\_

\*Questions regarding vaccine order, please contact the Immunization Program – Phone 605-773-4963, Fax 605-773-4113 (Rev. 08/08)

## CHILDHOOD IMMUNIZATION INCENTIVES ORDER FORM

PLEASE CHECK THE AMOUNTS YOUR CLINIC WILL USE AND FAX THIS FORM TO  
THE IMMUNIZATION PROGRAM AT 605-773-4113

Clinic Name:

Provider #

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

South Dakota Department of Health Immunization Program coloring books:

50\_\_\_ 100\_\_\_

Boxed set of four non-toxic color crayons:

50\_\_\_ 100\_\_\_

Snack cups:

5\_\_\_ 10\_\_\_

Sippy Cups

# \_\_\_\_\_

Magic Springs (Slinky)

# \_\_\_\_\_

## CHILDHOOD IMMUNIZATION INCENTIVES ORDER FORM

PLEASE CHECK THE AMOUNTS YOUR CLINIC WILL USE AND FAX THIS FORM TO  
THE IMMUNIZATION PROGRAM AT 605-773-4113

Clinic Name:

Provider #

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

South Dakota Department of Health Immunization Program coloring books:

50\_\_\_ 100\_\_\_

Boxed set of four non-toxic color crayons:

50\_\_\_ 100\_\_\_

Snack cups:

5\_\_\_ 10\_\_\_

Sippy Cups

# \_\_\_\_\_

Magic Springs (Slinky)

# \_\_\_\_\_